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**** CONTINUING DATA *******

This application is a 371 of PCT/CU03/00004 04/11/2003 *OK*

**** FOREIGN APPLICATIONS *******

CUBA CU2002/0076 04/15/2002 *OK*

**** SMALL ENTITY ****

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	CUBA	0	88	32
Verified and Acknowledged	<i>JK</i>	Examiner's Signature <i>SPK</i>	Initials <i>SPK</i>		

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TITLE

Active antiangiogenic therapy

FILING FEE RECEIVED 2428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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